



Canadian Square and Round Dance Society

Friendship from coast to coast / L'amitié d'un océan à l'autre

(Please save completed application as a file for printing or email)

Request for Certificate Naming a Third Party as Additional Insured

A Certificate for Additional Insured is required for:

Organization: _____

Address: _____

Contact name: _____

Email Address: _____

This portion is to be completed by the CSRDS MEMBER making request
(Federation/Association / Club):

Federation Association Club

Type of event certificate is required for: _____

Name: _____

Position: _____

Address: _____

Telephone #: _____

Email Address: _____

After saving the document, you may email it directly to:

danderson@dgdunbar.com

Or, mail it to:

Derek Anderson.-Account Executive
DG DUNBAR Insurance Broker Ltd
255 Queens Ave. Suite 1050
London ON N6A 5R8